

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: Ashkenazi, et al. Docket No.: 39780-1618P2C80

Serial No.: 09/909,320 Group Art Unit: 1647

Filing Date: July 18, 2001 Examiner: Hamud, Fozia, M.

For: **SECRETED AND TRANSMEMBRANE POLYPEPTIDES AND NUCLEIC
ACIDS ENCODING THE SAME**

RECEIVED

OCT 27 2003

TECH CENTER 1600/2900

MS: Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith are the following documents for the above-referenced application:
 Amendment and Response to Office Action.

STATUS

Applicant is
 a small entity
 other than a small entity.

EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

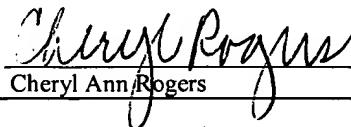
<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
<input checked="" type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 420.00	\$210.00
<input type="checkbox"/> three months	\$ 950.00	\$475.00
<input type="checkbox"/> four months	\$1,480.00	\$740.00

Fee \$110.00

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: MS: Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: October 17, 2003


Cheryl Ann Rogers

FEE FOR CLAIMS

If an additional extension of time is required please consider this a petition therefor.

An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	<i>OR</i>	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate	Addit. Fee
Total *	Minus *0*	20	= 0	x9= \$	x18= \$	
Indep. *	Minus *0*	3	=	x40= \$	x80= \$	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+130= \$		x260= \$	
			TOTAL ADDIT.FEE	\$	<i>OR</i>	TOTAL ADDIT. FEE

No additional fee for claims required.
 Total additional fee for claims required \$ _____.

FEE PAYMENT

Attached is a check in the sum of \$ _____ for additional claims fee.
 Charge Account No. 08-1641 the sum of \$110.00 for a one-month Extension of Time to file.

FEE DEFICIENCY

In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-1641. A duplicate of this authorization is enclosed for that purpose.

Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: October 17, 2003

Daphne Reddy
 Daphne Reddy
 Reg. No. 53,507

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